

Housing and Supportive Services **Flexible Funding – Request Form**

This form is to be completed and submitted to the FAIRFAX FALLS-CHURCH CSB in order to request flexible funding provided by the Department of Behavioral Health and Developmental Services for people in the Settlement Agreement Population to live in their own home with supports. These funds shall be used to help individuals with a developmental disability, who meets the target population criteria outlined in the Settlement Agreement, secure their own rental housing and/or prevent the loss of their own rental housing. The flexible funds must be used in accordance to the Flexible Funding Guidelines.

FOR FAIRFAX CSB:

Please submit completed forms at FAX (703.653.9500) or through encrypted email to CSBFLEXFUNDING@FAIRFAXCOUNTY.GOV

If you have questions, please contact Connie Price at 703-559-3000.

***** You must submit a separate application for each individual *****

Case Manager/Support Coordinator's Contact Information

Name: _____

Title: _____

Organization: _____

Phone Number: _____

Email Address: _____

Signature

Date

Eligible Individual's Information

1. Eligible individual's full name: _____

2. Date of birth: Month: _____ Date: _____ Year: _____

3. Does the person have a DD diagnosis? ____ Yes ____ No

4. Please check any of the following that apply to the person listed above:

____ DD Waiver

____ Other*

____ DD Waiver waitlist

*Please Explain: _____

5. If the individual is making the initial transition to leased housing, what is his/her current living setting: (e.g. training center, Community Intermediate Care Facility, Congregate Residential, Family home, own home, etc.): _____
6. Address of the unit in which the individual needs Flexible Funding (Street Address, City, State & Zip):

7. Who will live with the individual at this address?

Name	Relationship (e.g., friend, sibling, parent, grandparent, guardian, unrelated caregiver)

8. Is the proposed address where Flexible Funding is needed one of the following? *(check any that apply)*

- ☐ Nursing home ☐ Board and care home ☐ College or other school dormitory ☐ Boarding house
- ☐ Residential program licensed by DBHDS or DSS (e.g., group home, residential treatment program, adult care residence, assisted living facility)
- ☐ A dwelling on the grounds of a penal, reformatory, medical, mental or similar public/private institution
- ☐ A facility providing continual psychiatric, medical or nursing services
- ☐ A dwelling without a permit from the local zoning administrator to lease part of the residence as a rental unit
- ☐ A non-residential setting (e.g., a homeless shelter, extended stay hotel, vacation timeshare)

9. What other resources have you attempted to secure for the individual (e.g., VHDA housing choice voucher, local PHA voucher, MFP, Dominion utility assistance vouchers, Medicaid Waiver, etc.)?

10. What other resources have you secured for the individual (e.g., VHDA housing choice voucher, local PHA voucher, MFP, Dominion utility assistance vouchers, Medicaid Waiver, etc.)?

11. Lease Date or anticipated lease date: _____

Flexible Funding Request

What type of Flexible Funding request is this (check one)?

- ☐ Request for Support to Obtain Housing
☐ Request for Support to Maintain Housing

Please check all funding categories that apply and include the amount(s) requested.

Requested Funding Category	Amount Requested
Supports Needed to Obtain Housing	
<input type="checkbox"/> Temporary Rental Assistance	
<input type="checkbox"/> Housing Transition Services and Supports	
<input type="checkbox"/> Non-Reimbursable Environmental Modifications	
<input type="checkbox"/> Non -Reimbursable Assistive Technology Improvements	
<input type="checkbox"/> Temporary Support Staffing <i>(Please provide a detailed description of how funds will be used below)</i>	
<input type="checkbox"/> Miscellaneous <i>(Please provide a detailed description of how funds will be used below)</i>	
Requested Funding Category	Amount Requested
Supports Needed to Maintain Housing*	
<input type="checkbox"/> Emergency Rent Payment & Associated Late Fees	
<input type="checkbox"/> Last Resort Utility Assistance	
<input type="checkbox"/> Household Management Activities	
<input type="checkbox"/> Unit Repairs	
<input type="checkbox"/> Temporary Relocation	
<input type="checkbox"/> Miscellaneous Tenant Support <i>(Please provide a detailed description of how funds will be used below)</i>	
TOTAL REQUEST	

* Support Coordinators may not seek, accept or retain Flexible Funding assistance from the CSB for amounts paid by the tenant or by a third party such as an insurance provider or another program that provides financial assistance.

12. Please explain the reason for the Flexible Funding request in the relevant category/categories below:

Category	Describe the Barrier(s) the Individual Is Experiencing:	How Will the Goods And/Or Services Requested Remove These Barriers?
Obtaining Housing		
Maintaining Housing		

13. Please provide a brief description of how you plan to use the requested flexible funding.

Submit documentation for all program expenditures. Supporting documentation for requests related to obtaining housing must be submitted either with this funding request form, within 30 days of the date the individual signs a lease agreement or no later than 60 days after the date this funding request is approved. Supporting documentation for requests related to maintaining housing must be submitted either with this funding request form or no later than 60 days after the date this funding request is approved.

Supporting documentation for each funding category may include, but not be limited to, the items listed below.

Requests for Support to Obtain Housing

- 1. Temporary Rental Assistance** – Copy of an executed lease between the eligible individual and the landlord or property manager, a copy of an invoice for the environmental modification work showing paid it is paid in full and a letter from the Support Coordinator documenting the unique circumstances in which the temporary rental assistance is needed.
- 2. Housing Transition Services and Supports** –
 - a. security deposit- a copy of an executed lease between the eligible individual and the landlord or property manager documenting the security deposit amount request/expended;
 - b. utility connection fees and deposits- a copy of bill from utility company that reflects the connection fee amount and deposit required;
 - c. moving expenses- invoice from moving company showing all expenses are paid in full; and

- d. reasonable and essential fixture and furniture purchases- a copy of a store receipt that includes items purchased for individuals home.
 - e. Housing transition case management- A signed activity log that documents the activities completed to help an eligible individual transition into their own home or secure a roommate or a live-in aide. The Support Coordinator/Private Case Manager must also submit an invoice from the third party provider that itemizes all services being invoiced not to exceed the monthly rate of \$326.50 for up to two months.
3. **Non-Reimbursable Environmental Modifications** – a copy of an invoice from environmental modification contractor that all documenting expenses are paid in full and/or a copy of a store receipt that includes equipment purchased for individuals home or vehicle and/or a bill from the owner/landlord of the property.
 4. **Non-Reimbursable Assistive Technology Improvements** – a copy of an invoice from assistive technology contractor documenting that all expenses are paid in full or a copy of a store receipt that includes equipment purchased and installed in individuals home.
 5. **Temporary Support Staffing** – a copy of an invoice from support services provider showing that all expenses are paid in full. Housing locators must submit a resume with their invoices.

Requests for Support to Maintain Housing

In addition to this referral form and the supporting documentation listed below, Support Coordinators seeking assistance to help an individual avoid eviction and maintain housing must submit a Housing Stability Plan and Household Spending Plan to the CSB serving as the fiscal agent (see attached template).

1. **Emergency rent payment and associated late fees** - A copy of a Five Day Pay or Quit Notice from the landlord plus rent ledger showing total rent and fees owed.
2. **Last resort utility assistance** – A copy of a utility shutoff notice and bill itemizing service fees and late fees.
3. **Household management activities** – A copy of an invoice from a service contractor or the landlord showing all expenses are paid in full, or an itemized store receipt that includes equipment and supplies that were rented or purchased.
4. **Unit repairs** - A copy of an invoice from a repair contractor or the landlord showing all expenses are paid in full, or an itemized store receipt that includes equipment rented and supplies purchased.
5. **Temporary relocation** – A copy of an invoice from a hotel, motel, or other temporary residence showing dates of lodging, daily rate, total cost and total paid.
6. **Tenant support miscellaneous** – A copy of an invoice from a contractor or the landlord showing all DBHDS approved expenses are paid in full, an itemized store receipt that includes all DBHDS approved equipment and supplies that were rented or purchased, OR documentation requested by DBHDS as a condition of approving funds in this category.

CSB OFFICE USE ONLY: FUNDING ELIGIBILITY DETERMINATION

☐ APPROVE ☐ NOT APPROVED

Plan to Maintain Stable Housing

Individual's Name:

Address:

Phone Number:

Support Coordinator's Name:

Phone Number:

Email:

Landlord's Name:

Company Name:

Address:

Phone Number:

Email:

Maintenance After Hours Phone Number:

Email:

Prevention Planning

Here are the steps I will take to prevent a housing emergency:

- ☐ I will put \$_____ per month into an emergency rent fund (can be a checking/savings account, a fund held by family)
- ☐ I will pay my bills on time and review my household budget every month
- ☐ I will check with my landlord every three months to see if I am following the rules of my lease
- ☐ I will let my landlord know when something in my house needs to be repaired
- ☐ I will take good care of my apartment (vacuum the carpets, sweep/mop the floors, clean the sinks and toilets, dust, take out trash, etc.).
- ☐ I will keep the noise down so people can't hear what is happening in my house through the walls, floor or ceiling
- ☐ Other: _____
- ☐ Other: _____

Emergency Planning

1. What will I do if I do not have enough money to pay my rent or utilities this month (electric, gas, water, etc.)?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

2. What will I do if I do not have enough money to pay for other things this month (such as food, transportation, phone, cable, laundry, etc.)?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

3. What will I do if something in my apartment breaks and I have to move temporarily until it is fixed (e.g. a few days)?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

4. What will I do if I get a letter from my landlord saying I have broken the rules of my lease and I have to fix the problem or move out in 30 days?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

5. What will I do if I get a letter saying my landlord will not renew my lease for another year?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

6. What will I do if _____?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

7. What will I do if _____?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

8. What will I do if _____?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

HOUSEHOLD SPENDING PLAN

Indicate # of people in household:

Adults _____ Children _____

			<u>FLEXIBLE EXPENSES</u>	NOW	W/HOUSE
<u>NET MONTHLY INCOME</u>	NOW	W/HOUSE	Savings		
Source 1			Groceries		
Source 2			Lunch (work/school)		
Other Income			Eating Out		
Total Income (A)			Entertainment/Hobbies		
			Laundry/Drycleaning		
			Cleaning Supplies		
<u>FIXED EXPENSES</u>	NOW	W/HOUSE	Clothing		
Rent/Mortgage			Gasoline/Bus/Taxi		
Electric			Newspaper/Magazines		
Gas/Oil			Alcohol/Cigarettes		
Water/Sewer			Church/Charity		
Home Phone			Tuition/Books		
Cell Phone			Barber/Beauty Shop		
Internet service			Auto Maintenance		
Trash pickup			House Maintenance		
Cable			Doctor/Dentist		
Medical Insurance			Pets		
Auto Insurance			Parking/Tolls		
Life Insurance			Lottery/Bingo		
Renters Insurance			Lawn Care		
Child Support/Alimony			Maintenance/Repairs		
Child Care			Other		
Homeowners Assoc. Fees			Total Flexible (D)		
Other					
Total Fixed (B)					
			<u>EXPENSES</u>	NOW	W/HOUSE
<u>DEBT PAYMENTS</u>	NOW	W/HOUSE	FIXED (B)		
Installment Loans			DEBT (C)		
Automobile Loan			FLEXIBLE (D)		
Credit Card Payments			TOTAL EXPENSES (E)		
Credit Card Payments					
Credit Card Payments					
Total Debt (C)					
			Subtract Expenses from Income (A - E):		
			TOTAL INCOME (A)		
			TOTAL EXPENSES (E)		
			DIFFERENCE + or -		

Note: If you have accounted for all your expenses, including savings, your difference should be \$0.00.

If you come up with a positive number, you may want to consider allocating the extra money toward your debt and/or savings.

If you come up with a negative number, you are spending more than you make. Review the budget thoroughly to examine where you can trim your expenses.

Applicant Signature _____

Applicant Signature _____

CERTIFICATION: I hereby certify that I have reviewed the above budget with the applicant(s) and concur that it is reasonable.

Lender or Counselor Signature: _____